

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13962

CERTIFICATE OF DEATH

13964

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

1. PLACE OF DEATH a. COUNTY CAROLINE MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY CAROLINE	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL RIDGELEY		c. LENGTH OF STAY IN lb life	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS RURAL RIDGELEY 051	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) JOSEPH		First Roy	Middle CHERRY
4. DATE OF DEATH Month OCT	Day 4	Year 1966	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH SEPT 23, 1890
9. AGE (In years less birthday) 76 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM	10b. KIND OF BUSINESS OR INDUSTRY OWNER	11. BIRTHPLACE (County & State, or foreign country) WYOMING	
13. FATHER'S NAME JOSEPH CHERRY	14. MOTHER'S MAIDEN NAME JANE DOUGLASS	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO	
16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. J. Roy Cherry Ridgeley	Address Ridgeley	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 410X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) Rheumatic heart disease many DUE TO (c) with mitral regurgitation a few years		INTERVAL BETWEEN ONSET AND DEATH 1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Paroxysms of the rectum (bleeding rectum)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 9/11/66		
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19	20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Greensboro	20f. (City or town) (County) (State) Queen Anne, Maryland
21. I certify that (I) (this hospital) attended the deceased from 9/11/66 , 19 66 , to 9/11/66 , 19 66 that (I) (we) last saw the deceased alive on 9/11/66 , 19 66 , and that death occurred at 9/11/66 , 19 66 M, from causes and on the date stated above.		22b. DATE SIGNED	
22a. SIGNATURE Kurt Lederer		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>
22c. PHYSICIAN'S NAME (Type) Kurt Lederer, M.D.		22d. ADDRESS Queen Anne, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF Oct 7, 1966	23c. NAME OF CEMETERY OR CREMATORIUM GREENSBORO	23d. LOCATION (City or Town) (County) (State) Greensboro MD
24. FUNERAL DIRECTOR JUDY MOORE NENTON	ADDRESS JUDY MOORE NENTON	25a. REC'D BY REGISTRAR DATE OCT 11 1966	25b. REGISTRAR'S SIGNATURE Charles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												13965				
CERTIFICATE OF DEATH																
1. PLACE OF DEATH a. COUNTY		Caroline MARYLAND			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)		b. STATE Maryland b. COUNTY Caroline									
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		Rural Henderson			c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		20 Yrs.			d. STREET ADDRESS		Rural Henderson 05-1									
None					None		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print)		First Middle Last			4. DATE OF DEATH		Month		Day		Year					
Edward Lee Dove		Oct 28		19 66												
5. SEX		6. COLOR OR RACE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. UNDER 1 YEAR		11. UNDER 24 HRS.				
Male		White		WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		3-1-1889		77 yrs.		Months		Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country)		12. CITIZEN OF WHAT COUNTRY?										
Farmer				Maryland		USA										
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		Address												
Joseph Dove		Mollie Powers		William Dove Henderson, Md.												
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address										
No		None		William Dove		Henderson, Md.										
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]																
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)																
4201		DUE TO		Coronary Thrombosis												
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.		(b)		Arteriosclerotic C.V.Dis. with												
		DUE TO		Hypertension												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)																
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)																
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)																
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)						
19																
21. I certify that (I) (this hospital) attended the deceased from Oct. 28, 1966, to Oct. 28, 1966, that (I) (we) last saw the deceased alive on Oct. 28, 1966, and that death occurred at M, from the causes and on the date stated above.																
22a. SIGNATURE		22b. DATE SIGNED		Oct. 29, 1966												
Charles H. Stoneifer, M.D.																
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		Greensboro, Md. 21630												
Charles H. Stoneifer, M.D.																
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORIUM		23d. LOCATION (City, town or county)		(State)								
Burial		Oct. 31, 66		Greensboro		Greensboro		Md.								
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE										
J. E. Boulosis Greensboro, Md.				NOV 2 1966		Charles Judge										
DATE																

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13954

CERTIFICATE OF DEATH

13966

1. PLACE OF DEATH a. COUNTY Caroline		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. STATE Maryland b. COUNTY Caroline				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg		c. LENGTH OF STAY IN 1b Life				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) R.F.D. Nr. American Corner		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg				
3. NAME OF DECEASED (Type or print) Stella	First Martha	Last Fishell	4. DATE OF DEATH October 3 1966			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 23, 1891			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home				
13. FATHER'S NAME Charles W. Smith		14. MOTHER'S MAIDEN NAME Tamsey J. Sullivan				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNKNOWN				
17. INFORMANT Mrs. Cora Donovan, Denton, Maryland R.F.D.		Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Cardiac Decompensation & Failure INTERVAL BETWEEN ONSET AND DEATH 1 yr						
4500 Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Generalized arteriosclerosis 15 yrs						
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Bronchitis and acute upper respiratory infection 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) White Not White at work <input type="checkbox"/> at work <input type="checkbox"/>				
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED White Not White at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) factory	20f. (City or town) Preston	(County) Maryland	(State) Maryland
21. I certify that (I) (this hospital) attended the deceased from 10/1/66 , 19, to 10/3/66 , 19, that (I) (we) last saw the deceased alive on 10/3/66 , 19, and that death occurred at 4:50 P.M. from the causes and on the date stated above.						
22a. SIGNATURE  Harold B. Plummer						
22b. DATE SIGNED 10/3/66						
22c. PHYSICIAN'S NAME (Type) Harold B. Plummer		M.D. ATTENDING PHYS. <input type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF October 6, 1966	23c. NAME OF CEMETERY OR CREMATORIAL Hill Crest Cemetery	23d. LOCATION (City, town or county) (State) Federalsburg, Maryland		
24. FUNERAL DIRECTOR J. J. Frampton & Son, Federalsburg, Md.		ADDRESS		25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE Charles Judge	
				DATE OCT 7 1966		

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

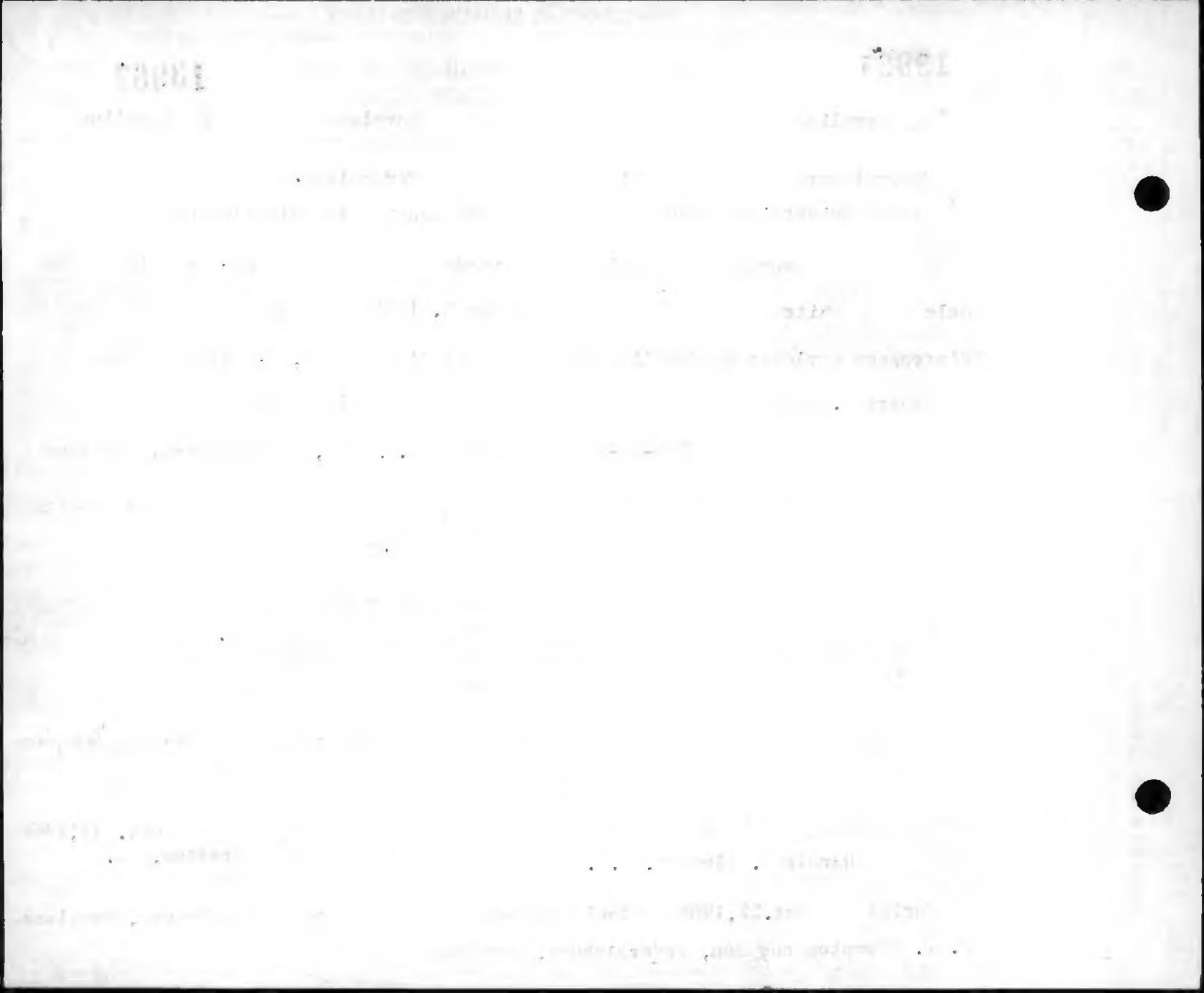
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

13965

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13967

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg		c. LENGTH OF STAY IN lb Life	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) South University Avenue		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg	
3. NAME OF DECEASED (Type or print) George		First George	Middle Noble
4. LAST Handy	5. DATE OF DEATH October 19 1966	6. MONTH October	7. DAY 19
8. SEX Male	9. COLOR OR RACE White	10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	11. AGE (In years last birthday) 62 yrs.
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Employee at Caroline Foods		13. KIND OF BUSINESS OR INDUSTRY Caroline Foods	
14. FATHER'S NAME Albert S. Handy		15. MOTHER'S MAIDEN NAME Lillian Noble	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. SOCIAL SECURITY NO. 215-16-3383	18. INFORMANT Florence E. Handy, Federalsburg, Maryland
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General Henervilce 8124 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO Hit by an Automobile (c)		20. INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I Fractures of both fibulas & tibiae over both legs		22. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) While working hit by an automobile.	
25. TIME OF INJURY Month, Day, Year Hour a.m. 6:45 pm 10/19 1966		26. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>	27. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road leading to work place
28. ACTUAL SIGNATURE Harold B. Plummer		29. CHIEF MEDICAL EXAMINER Harold B. Plummer, M.D.	30. (City or town) Preston, Md. (County) Preston (State) Md.
31. EXAMINER'S NAME (Type) Harold B. Plummer, M.D.		32. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	33. DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>
34. BURIAL, CREMATION, REMOVAL (Specify) Burial		35. DATE THEREOF Oct. 22, 1966	36. NAME OF CEMETERY OR CREMATORIAL Bethel Cemetery
37. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Maryland		38. ADDRESS 1101 Main Street, Federalsburg, Maryland	39. LOCATION (City or Town) Near Federalsburg, Maryland (County) Preston (State) Md.
40. REC'D BY REGISTRAR Charles Judge		41. REGISTRAR'S SIGNATURE Charles Judge	



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13966		13969	
1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg		c. LENGTH OF STAY IN 1b 7 Years	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Elderkin Nursing Home		e. STREET ADDRESS R.F.D.	
3. NAME OF DECEASED (Type or print) First Walter Marion Love		4. DATE OF DEATH Month October Day 3 Year 1966	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH August 3, 1871	
WIDOWED <input checked="" type="checkbox"/>		9. AGE (In years last birthday) 95 yrs.	
DIVORCED <input type="checkbox"/>		10. KIND OF BUSINESS OR INDUSTRY Retired Farmer and Sawmill operator	
11. BIRTHPLACE (County & State, or foreign country) Caroline County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William T. Love		14. MOTHER'S MAIDEN NAME Annie E. Payne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Lenora Howard, Harmony, Maryland		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>My cerebral infection</i> DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____	
INTERVAL BETWEEN ONSET AND DEATH 2 hrs.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office/bldg., etc.)		20f. (City or town) Federalsburg (County) Maryland (State)	
21. I certify that (I) (this hospital) attended the deceased from Oct 3rd, 1966 to Oct 3rd, 1966 ; that (I) (we) last saw the deceased alive on 19 , and that death occurred at 6 A M, from the causes and on the date stated above.		22b. DATE SIGNED 10-4-66	
22c. SIGNATURE <i>Frank M. Anderson</i>		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22d. ADDRESS Federalsburg, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Oct. 5, 1966	
23c. NAME OF CEMETERY OR CREMATORIAL Union Grove Cemetery		23d. LOCATION (City, town or county) (State) Near Federalsburg, Maryland	
24. FUNERAL DIRECTOR <i>George Frampton Jr.</i> J. J. Frampton and Son, Federalsburg, Md.		25a. ADDRESS 25b. REC'D BY REGISTRAR DATE OCT 7 1966 REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13967

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Denton		c. LENGTH OF STAY IN 1b 26 Yrs.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) None		d. STREET ADDRESS None	
3. NAME OF DECEASED (Type or print) Naomi		First Frances	Middle Shoemaker
4. DATE OF DEATH Oct. 15 1966	Month Day Year	5. SEX Female	
6. COLOR OR RACE White	7. MARRIED WIDOWED	8. DATE OF BIRTH 2-3-1895	9. AGE (In years last birthday) 71 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (County & State, or foreign country) Virginia	
13. FATHER'S NAME James A. Cooper		14. MOTHER'S MAIDEN NAME Lucy Moliar	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 220-34-9960	17. INFORMANT E.R. Shoemaker	Address Denton, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 170X Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c) DUE TO DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH Carcinoma of the breasts with regional metastasis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from Nov. 10, 1965, to Oct. 15, 1966, that (I) (we) last saw the deceased alive on Oct. 15, 1966, and that death occurred at M, from the causes and on the date stated above.			
22a. SIGNATURE Charles H. Stonesifer		22b. DATE SIGNED Oct. 17 1966	
22c. PHYSICIAN'S NAME (Type) Charles H. Stonesifer, M.D.		22d. ADDRESS Greensboro, Md. 21639	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF Oct. 18-66	23c. NAME OF CEMETERY OR CREMATORIAL Denton	23d. LOCATION (City, town or county) (State) Denton, Maryland
24. FUNERAL DIRECTOR J. E. Boulaid	ADDRESS Greensboro, Md.	25a. REC'D BY REGISTRAR DATE OCT 21 1966	25b. REGISTRAR'S SIGNATURE Charles Judge

diff. conditions (natural) 3

1 M
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13968

13971

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural		c. LENGTH OF STAY IN lb 32 years	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) River Road		d. STREET ADDRESS 201 West Central Avenue	
3. NAME OF DECEASED (Type or print) Marshall		First Woodrow	Middle Stoffle
4. DATE OF DEATH October 15 1966	Month October	Day 15	Year 1966
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED <input checked="" type="checkbox"/> <input type="checkbox"/>	NEVER MARRIED DIVORCED <input type="checkbox"/> <input checked="" type="checkbox"/>
8. DATE OF BIRTH June 29, 1913	9. AGE (In years lost birthday) 53 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Manager, Caroline Farms Textron Co.	10b. KIND OF BUSINESS OR INDUSTRY Manchester, Maryland	11. BIRTHPLACE (State or foreign country) USA	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edward E. Stoffle	14. MOTHER'S MAIDEN NAME Bessie Yingling	Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Yes WWII	16. SOCIAL SECURITY NO. 213-03-9819	17. INFORMANT Lois M. Stoffle, Federalsburg, Maryland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia		INTERVAL BETWEEN ONSET AND DEATH minutes	
975X DUE TO Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause lost. (b) Drowning DUE TO (c) Depression		minutes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)		7-4 min	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) Found floating in a gravel pit pond			20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) gravel pit
20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>			20e. (City or town) Caroline (County) Maryland (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>	22. DATE SIGNED 10/19/66		
ACTUAL SIGNATURE <i>Harold B. Plummer</i>	CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> Address (Street, city, town, or county) Harold B. Plummer M.D.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF Oct. 18, 1966	23c. NAME OF CEMETERY OR CREMATORIUM Hill Crest Cemetery	23d. LOCATION (City or Town) Federalsburg (County) Maryland (State)
24. FUNERAL DIRECTOR <i>James Frampton Jr.</i>	ADDRESS Frampton and Son, Federalsburg, Maryland	25a. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE OCT 21 1966

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